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Adjustment disorder

An **adjustment disorder** (**AD**)—sometimes called **exogenous, reactive**, or **situational depression**^[1]—occurs when an individual is unable to adjust to or cope with a particular stress or a major life event. Since people with this disorder normally have symptoms that depressed people do, such as general loss of interest, feelings of hopelessness and crying, this disorder is sometimes known as situational depression. Unlike major depression, the disorder is caused by an outside stressor and generally resolves once the individual is able to adapt to the situation.^[2] One hypothesis about AD is that it may represent a sub-threshold clinical syndrome.^[3]

The condition is different from anxiety disorder, which lacks the presence of a stressor, or post-traumatic stress disorder and acute stress disorder, which usually are associated with a more intense stressor.

Common characteristics of AD include mild depressive symptoms, anxiety symptoms, and traumatic stress symptoms or a combination of the three. There are nine types of AD listed in the DSM-III-R. According to the DSM-IV-TR, there are six types of AD, which are characterized by the following predominant symptoms: depressed mood, anxiety, mixed depression and anxiety, disturbance of conduct, mixed disturbance of emotions and conduct, and unspecified. However, the criteria for these symptoms are not specified in greater detail.^[4] AD may be acute or chronic, depending on whether it lasts more or less than six months. According to the DSM-IV-TR, if the AD lasts less than 6 months, then it may be considered acute. If it lasts more than six months, it may be considered chronic.^[4] Moreover, the symptoms cannot last longer than six months after the stressor(s), or its consequences, have terminated.^{[5]:679} Diagnosis of AD is quite common; there is an estimated incidence of 5%–21% among psychiatric consultation services for adults. Adult women are diagnosed twice as often as are adult men. Among children and adolescents, girls and boys are equally likely to receive this diagnosis.^{[5]:681} AD was introduced into the psychiatric classification systems almost 30 years ago, but similar syndromes were recognized for many years before that.^[6]

Adjustment disorder (Situational Depression)	
Classification and external resources	
Specialty	psychiatry
ICD-10	F43.2 (http://apps.who.int/classifications/icd10/browse/2016/en#/F43.2)
ICD-9-CM	309 (http://www.icd9data.com/getICD9Code.ashx?icd9=309)
DiseasesDB	33765 (http://www.diseasesdatabase.com/ddb33765.htm)
MedlinePlus	000932 (https://medlineplus.gov/ency/article/000932.htm)
eMedicine	med/3348 (http://www.emedicine.com/med/topic3348.htm)
MeSH	D000275 (https://www.nlm.nih.gov/cgi/medsh/2018/MB_cgi?field=uid&term=D000275)

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Signs and symptoms

According to the DSM IV-TR, the development of the emotional or behavioral symptoms of this diagnosis have to occur within three months of the onset of the identifiable stressor(s).^[7] Some emotional signs of adjustment disorder are:

- Sadness
- Hopelessness
- Lack of enjoyment
- Crying spells
- Nervousness
- Anxiety
- Worry
- Desperation
- Trouble sleeping
- Difficulty concentrating
- Feeling overwhelmed and thoughts of suicide
- Reckless driving
- Ignoring important tasks such as bills or homework
- Avoiding family or friends
- Performing poorly in school/work
- Skipping school/work

However, the stress-related disturbance does not only exist as an exacerbation of a pre-existing axis I or axis II disorder and cannot be diagnostic as axis 1 disorder.^[3]

Suicidal behavior is prominent among people with AD of all ages, and up to one-fifth of adolescent suicide victims may have an adjustment disorder. Bronish and Hecht (1989) found that 70% of a series of patients with AD attempted suicide immediately before their index admission and they remitted faster than a comparison group with major depression.^[8] Asnis et al. (1993) found that AD patients report persistent ideation or suicide attempts less frequently than those diagnosed with major depression.^[9] According to a study on 82 AD patients at a clinic, Bolu et al. (2012) found that 22 (26.8%) of these patients were admitted due to suicide attempt, consistent with previous findings. In addition, it was found that 15 of these 22 patients chose suicide methods that involved high chances of being saved.^[10] Henriksson et al. (2005) states statistically that the stressors are of one-half related to parental issues and one-third in peer issues.^[11]

Risk factors

Various factors have been found to be more associated with a diagnosis of AD than other axis I disorders, including:^[3]

- younger age
- more identified psychosocial and environmental problems
- increased suicidal behaviour, more likely to be rated as improved by the time of discharge from mental healthcare
- less frequent previous psychiatric history
- shorter length of treatment

Those exposed to repeated trauma are at greater risk, even if that trauma is in the distant past. Age can be a factor due to young children having fewer coping resources; children are also less likely to assess the consequences of a potential stressor.

A stressor is generally an event of a serious, unusual nature that an individual or group of individuals experience. The stressors that cause adjustment disorders may be grossly traumatic or relatively minor, like loss of a girlfriend/boyfriend, a poor report card, or moving to a new neighborhood. It is thought that the more chronic or

recurrent the stressor, the more likely it is to produce a disorder. The objective nature of the stressor is of secondary importance. Stressors' most crucial link to their pathogenic potential is their perception by the patient as stressful. The presence of a causal stressor is essential before a diagnosis of adjustment disorder can be made.^[6]

There are certain stressors that are more common in different age groups:^[12]

Adulthood:

- Marital conflict
- Financial conflict
- Health issues with Oneself/Partner or Dependent children
- Personal tragedy (Death/personal loss)
- Loss of job or unstable employment conditions (e.g. Corporate takeover/redundancy)

Adolescence and childhood:

- Family conflict/parental separation
- School problems/changing schools
- Sexuality issues
- Death/illness/trauma in the family

In a study conducted from 1990 to 1994 on 89 psychiatric outpatient adolescents, 25% had attempted suicide in which 37.5% had misused alcohol, 87.5% displayed aggressive behaviour, 12.5% had learning difficulties, and 87.5% had anxiety symptoms.^[11]

Diagnosis

The basis of the diagnosis is the presence of a precipitating stressor and a clinical evaluation of the possibility of symptom resolution on removal of the stressor due to the limitations in the criteria for diagnosing AD. In addition, the diagnosis of AD is less clear when patients are exposed to stressors long-term, because this type of exposure is associated with AD and major depressive disorder (MDD) and generalized anxiety disorder (GAD).^[13]

Some signs and criteria used to establish a diagnosis are important. First, the symptoms must clearly follow a stressor. The symptoms should be more severe than would be expected. There should not appear to be other underlying disorders. The symptoms that are present are not part of a normal grieving for the death of family member or other loved one.^[14]

Adjustment disorders have the ability to be self-limiting. Within five years of when they are originally diagnosed, approximately 20%–50% of the sufferers go on to be diagnosed with psychiatric disorders that are more serious.^[3]

ICD 10 classification

International Statistical Classification of Diseases and Related Health Problems, mostly known as "ICD", assigns codes to classify diseases, symptoms, complaints, social behaviors, injuries, and such medical-related findings.

ICD 10 classifies adjustment disorders under F40-F48 and under neurotic, stress-related and somatoform disorders.^[15]

Treatment

The recommended treatment for adjustment disorder is psychotherapy. The goal of psychotherapy is symptom relief and behavior change. Anxiety may be presented as "a signal from the body" that something in the patient's life needs to change. Treatment allows the patient to put his or her distress or rage into words rather than into destructive actions. Individual therapy can help a person gain the support they need, identify abnormal responses and maximize the use of the individual's strengths. Counseling, psychotherapy, crisis intervention, family therapy, behavioral

therapy and self-help group treatment are often used to encourage the verbalization of fears, anxiety, rage, helplessness, and hopelessness. Sometimes small doses of antidepressants and anxiolytics are used in addition to other forms of treatment. In patients with severe life stresses and a significant anxious component, benzodiazepines are used, although non-addictive alternatives have been recommended for patients with current or past heavy alcohol use, because of the greater risk of dependence. Tianeptine, alprazolam, and mianserin were found to be equally effective in patients with AD with anxiety. Additionally, antidepressants, antipsychotics (rarely) and stimulants (for individuals who became extremely withdrawn) have been used in treatment plans.

There has been little systematic research regarding the best way to manage individuals with an adjustment disorder. Because natural recovery is the norm, it has been argued that there is no need to intervene unless levels of risk or distress are high.^[16] However, for some individuals treatment may be beneficial. AD sufferers with depressive and/or anxiety symptoms may benefit from treatments usually used for depressive and/or anxiety disorders. One study found that AD sufferers received similar interventions to those with other psychiatric diagnoses, including psychological therapy and medication.^[17] Another study found that AD responded better than major depression to antidepressants.^[18] Given the absence of a meaningful evidence base for the treatment of AD *per se*, watchful waiting should be considered initially; if symptoms are not improving or causing the sufferer marked distress then treatment should be directed at the predominating symptoms.

In addition to professional help, parents and caregivers can help their children with their difficulty adjusting by:^[19]

- offering encouragement to talk about his/her emotions
- offering support and understanding
- reassuring the child that their reactions are normal
- involving the child's teachers to check on their progress in school
- letting the child make simple decisions at home, such as what to eat for dinner or what show to watch on TV
- having the child engage in a hobby or activity they enjoy

Criticism

Like many of the items in the DSM, adjustment disorder receives criticism from a minority of the professional community as well as those in semi-related professions outside the health-care field. First, there has been criticism of its classification. It has been criticized for its lack of specificity of symptoms, behavioral parameters, and close links with environmental factors. Relatively little research has been done on this condition.^[16]


Adjustment disorder has been described as being so "vague and all-encompassing... as to be useless,"^{[20][21]} but it has been retained in the DSM-IV and DSM-5 because of the belief that it serves a useful clinical purpose for clinicians seeking a temporary, mild, non-stigmatizing label, particularly for patients who need a diagnosis for insurance coverage of therapy. There has been considerable controversy of its diagnosis in active duty military personnel with cases such as Landon Whitt being discharged as a result of an adjustment disorder diagnosis shortly after disobeying an order from a commander. This type of discharge is referred to as a Chapter 11 discharge (<https://www.armycourtmarialdefense.com/2009/09/chapter-11-entry-level-separation.html>) or failure to adapt to the military environment^[22]

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